

# **EXHIBIT B**

CUSTOMER CLAIM

Bernard L. Madoff Investment Securities LLC  
Case No 08-01789-BRL  
U S Bankruptcy Court for the Southern District of New York  
Claim Number: 001119

AMENDED

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

RECEIVED

In Liquidation

JAN 26 2009

DECEMBER 11, 2008

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: \_\_\_\_\_

HOME: 561-483-6694

Taxpayer I.D. Number (Social Security No.)

052-12-2693



Account Number: ~~18002~~ 150313

NORMAN SCHLESSBERG  
19499 CEDAR GLEN DRIVE  
BOCA RATON, FL 33434

TSTE

NORMAN SCHLESSBERG TRUST  
DTD 10/31/97

ORIGINAL CLAIM FORM  
WAS RECEIVED BY YOU  
ON JAN 12, 2009

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

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1. Claim for money balances as of **December 11, 2008**:
  - a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
  - b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed  
with this claim form. \$ \_\_\_\_\_

- d. If balance is zero, insert "None." \_\_\_\_\_

2. Claim for securities as of **December 11, 2008**:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | YES /                               | NO                       |
|---|-------------------------------------|--------------------------|
| a. The Broker owes me securities        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. I owe the Broker securities          | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. If yes to either, please list below: |                                     |                          |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	<i>My original claim form</i>	_____	_____
_____	<i>LISTS ALL SECURITIES</i>	_____	_____
_____	<i>TREASURY BILLS, SPARTAN</i>	_____	_____
_____	<i>AND PUT AND CALL OPTIONS</i>	_____	_____
_____	<i>IN POSITION 11/30/08</i>	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____✓
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____✓
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____✓
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____✓
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____✓
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____✓

OVER THE YEARS I SENT MADOFF MY  
LIFE'S SAVINGS TOTAL OF \$340,000 - BUT I HAVE  
NO VERIFICATION AVAILABLE - TOO LONG AGO -  
EXCEPT  
ATTACHED FORM  
OF MY EQUITY

Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? if  
so, give name of that broker. \_\_\_\_\_ ✓

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: \_\_\_\_\_

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date 1/21/09 Signature Roman Schlossberg  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

PORTFOLIO MANAGEMENT REPORT AS OF 9/30/08

THIS REPORT IS PROVIDED TO ASSIST YOU IN EVALUATING THE PERFORMANCE OF YOUR  
ACCOUNT AND SHOULD NOT BE USED FOR INCOME TAX PURPOSES.

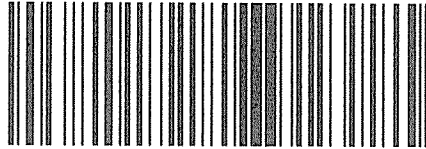
NORMAN SCHLESSBERG TSTEE 1-S0313-3  
NORMAN SCHLESSBERG TRUST  
DTD 10/31/97  
19499 CEDAR GLEN DRIVE  
BOCA RATON FL 33434

STARTING EQUITY FOR CURRENT YEAR	349,956.69CR	
CAPITAL ADDITIONS		
CAPITAL WITHDRAWALS	30,033.05-	
REALIZED P/L FOR CURRENT YEAR	25,879.07CR	
UNREALIZED P/L ON OPEN SECURITY POSITIONS	272.25CR	
CURRENT CASH BALANCE	.46CR	
NET MARKET VALUE OF OPEN SECURITIES POSITIONS	346,074.50	NET LONG
TOTAL EQUITY	346,074.96CR	
ANNUALIZED RETURN FOR CURRENT YEAR	10.44 %	

CERTIFIED MAIL™



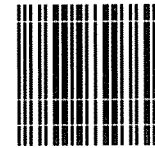
Norman Schlessberg  
19499 Cedar Glen Dr  
Boca Raton, FL 33434-5132



7004 2510 0004 9998 0167



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75201

U.S. POSTAGE  
PAID  
BOCA RATON, FL  
33433  
JAN 21, 09  
AMOUNT

\$5.32  
00052178-07

RETURN RECEIPT  
REQUESTED

IRVING H. PICARD ESQ  
TRUSTEE BERNARD MADOFF  
CLAIMS PROCESSING CENTER  
2100 MCKINNEY AVE SUITE 800  
DALLAS TX 75201